



**District of Columbia
Office of Administrative Hearings**

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Appellant

v.

Appellee

**REQUEST TO WITHDRAW A
HEARING REQUEST**

Case No.: _____-DOES-_____

My name: _____

(Please print)

I am the ☐ Claimant ☐ Employer/Employer's representative

My address: _____

My telephone number: _____

I wish to withdraw my hearing request. My request is voluntary. I understand the effects of this request. Namely, an Administrative Law Judge (ALJ) may dismiss my hearing request. If the ALJ does this, the last Determination in my case will stay in effect, unless the dismissal is set aside. This may result in the potential loss of benefits.

By signing this document, I acknowledge that:

- (1) this is a request to withdraw my hearing request;
- (2) the ALJ will consider my request and decide if dismissing my hearing request is appropriate;

TURN OVER FOR MORE INSTRUCTIONS



- (3) if the ALJ denies my request, the hearing process will go on as if I had not filed this form;
- (4) if the ALJ approves my request, the hearing process will stop and this case will be dismissed; and
- (5) if I change my mind after the ALJ has issued a Final Order, I may ask to change the Final Order, but I must have a good reason for doing so. Such a request should be filed within 10 calendar days of the date a Final Order dismissing my case is mailed, although in some circumstances it may be filed within 120 days.

THE FOLLOWING CERTIFICATE OF SERVICE MUST BE FILLED OUT

I have sent a copy of this document to the other party _____ (their name),
on _____ (date):

- ☐ By **Fax** to this number: _____
- ☐ By **Email** to this address: _____
- ☐ By **Mail** to the address below, OR
- ☐ By **Hand-delivery** to the address below

(Address of other party)

City State Zip Code

My signature: _____

Today's date: _____